



# The Safety Corner



From the Marine Corps Center for Lessons Learned  
September 12, 2006

## Weapons Safety

This issue of the Safety Corner highlights lessons and observations about Weapons handling and Negligent Discharges during operations in the War on Terror.

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### From the Director:

We all get an ear full about weapons safety from the day we enter the Marine Corps. But it's the momentary lapse of judgment or discipline that brings it right back to the forefront. Negligent discharges are caused by unsafe weapons handling and simple carelessness. Undoubtedly, many of you either know a Marine or know of a Marine that was killed or maimed by a negligent discharge. It's not just a "readiness" or "safety" issue, it's a "life and death" issue. In this safety newsletter you'll read about Corporal Jared Foster, the victim of a negligent discharge (through no fault of his own) from a M2 .50 cal and his amazing survival and rehabilitation.

Leaders do not approach negligent discharges as just a safety issue. The rate of *reported* accidental discharges to the loss of life or injury is very high. If you have an accidental discharge you are doing the work of the insurgents. The insurgents and American public do not really care how a death or injury occurred, only that there is one less combat effective Marine or Sailor completing the mission. Fewer combat effective Marines and Sailors serve to undermine our readiness, morale and success.

I look forward to your comments, observations, and concerns.

Semper Fidelis,  
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## Negligent Discharges

The majority of negligent discharges reported throughout the Marine Corps and in the Army do not occur in combat. Marines and soldiers are injuring themselves and each other during training, while cleaning weapons, and even worse, through horseplay and lack of awareness.

Over the past couple of years, 46 negligent discharges were *reported* resulting in 11 Marines/sailors killed and 29 injured. Since 2005 the Army reported the loss of 14 soldiers killed as a result of negligent discharges and poor weapons handling.

Many of these injuries and negligent discharges happened while Marines were cleaning weapons and failed to ensure the weapon was cleared before cleaning. Negligent discharges are easily prevented. We are taught the four weapons safety rules from the beginning of boot camp and every time we step on a range. We need to take the four safety rules to heart and live by them as we live by our Corps Values.

The Marine Corps Ground Mishap Investigation and Reporting Manual (P5102.1A) provides current guidelines for reporting negligent discharges. A negligent discharge with injury or property damage is to be reported via the appropriate Safety Report (SAFEREP) from a Safety Investigation Board (SIB), in accordance with paragraph 4001.b. Any negligent discharge not causing injury or reportable damage is to be reported through a Hazard Report (HAZREP). The details of a Hazard Report are outlined in Chapter 5 of the order.

The observations and recommendations contained in The Marine Corps Center for Lessons Learned (MCCLL) Safety Corner represent the considered judgment of Marines who have identified safety issues in their units. The purpose of this newsletter is to apprise other Marines of these safety recommendations and to encourage them to enter their own lessons into the Marine Corps Lessons Management System (LMS).



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### First Aid!

A gunshot wound requires immediate medical attention. You can take these actions while waiting for medical help:

**Stop any bleeding.** Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.

**Do not attempt to remove the projectile.** If the bullet is still in the victim DO NOT attempt to remove it. Doing so may cause further injury or infection.

**Treat for shock.** If the person feels faint or is short of breath lay them down with the head slightly lower than the trunk and, if possible, elevate the legs.

### Reported Mishaps

- 10 Aug 06** – A 35-year old Sgt was participating in a squad level rehearsal for a live-fire exercise. The range was cold and ammo had not been issued. While on a dry run the Sgt fired a 5.56 round into the lower back of a fellow NCO. The round was left in the chamber from live-fire training the night before.
- 26 Apr 06** – During weapons manipulation drills in Iraq a Marine shot himself in the right foot.
- 19 Feb 06** – A Marine on guard accidentally shot himself in the foot while playing with the safety on his weapon.
- 24 Mar 05** – A LCpl was shot in the lower back with a .50-cal round (*Story is on the following page*).
- 20 Jun 04** – A Marine on guard detail was cleaning his weapon. While letting the slide release forward and attempting to holster his M9, the weapon discharged causing fatal gunshot wound to a L/Cpl's head.
- 5 May 04** – A Marine in Afghanistan had a negligent discharge while sleeping with his rifle in a sleeping bag. The round went through his left foot.
- 08 Jun 03** – A Guard force in Okinawa, Japan was conducting a turnover. Two Marines in the back of a HMMWV were horse playing and one round discharged from an M9 and entered another Marine's head, killing him.

### Weapons handling and Negligent Discharges

LESSON ID: 37407

*"There is nothing "dangerous" about a condition 1 weapon; only unsafe handling practices make a weapon dangerous."*

- Major Jeff Davis, USMC  
MACG 38 S3A

Marines receive thorough weapons handling training, but carelessness and lack of proper supervision can result in negligent discharges. The solution is not, "put your weapons away" or, "only SNCO/Officers carry them" or even, "all weapons except those of sentries remain in Condition 3 or 4". The solution is for US Marines to be "masters" of their weapons, skilled in their use, and confident in their weapons handling practices.

Based on the above lesson, I spoke with 2 reservists who are civilian police officers. A reserve Major who is a deputy with the Contra Costa Sheriffs Department reported his department of 800 deputies has not had a negligent discharge in over 5 years. The second, a Sgt who is an officer with the NYPD, said of the 32,000 NYPD officers, they have reported 49 negligent discharges since 2004. A couple of similarities seem to cross the two departments. Police officers always have their weapons in their possession while on duty (and many carry them off duty) and the weapons are always Condition I. Police Officers do not routinely check their weapons out of armories or clear them to go into stores or restaurants.

(NOTE: Officers are required to clear weapons or place in a gun locker upon entering booking or a jail). They always treat it as if it were loaded, because it is. There is never a doubt as to the status of their weapon.

Carrying a loaded weapon all the time makes them more familiar and comfortable with the weapon. Marines usually go to the field for training with weapons in the armory or in a quadcon. Maybe Marines need to take weapons to the field during all training, even for support personnel, to help get Marines into the proper mindset when it comes to weapons handling. Marine NCOs need to constantly be diligent with monitoring clearing procedures, and not allow their Marines to become careless. Monitoring for complacency and allowing Marines to become skilled in handling their weapons is an important start to overcoming negligent discharges.





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### **'I'm too stubborn to just sit in a wheelchair and take it.'**

Jared Foster, as told to *Arizona Republic* reporter Connie Midey

Nov. 6, 2005

I got shot by a .50-caliber. That's the biggest bullet they have in the military. The round's about six, seven inches long, maybe half an inch around. It's not meant to go inside people. It's an armor-piercing round. They go through tanks and bricks and stuff. It was an Army weapon that went off, friendly fire. It hit me in my butt and my lower back. I say I don't have a butt to sit on now, and I really don't.

The only thing that saved my life is I was maybe five to 10 feet away from the .50-cal when it went off, and it didn't have time to tumble and pick up speed and velocity. It went through me, three feet of wood, four feet of a dirt berm, went another 300 yards and hit another dirt berm. I think the angel wings (tattoo) on my back saved me. The .50-cal didn't touch my wings.

My buddies cut my blouse off to find out where the blood was coming from, and from what I remember, my guts and intestines fell out. I was sitting there trying to scoop up my insides, and they threw me back on the cot and were patting me down with gauze to try to stop the bleeding. But the blood was going everywhere. It's hitting my face. It's hitting the ceiling. It's hitting the walls. I felt sorry for the guys who had to clean it up.

The next thing I knew, they dragged me outside on the cot, using it like a stretcher. They put me in an SUV, and I couldn't fit all the way in, so they were holding my hands and the cot while we rode to the hospital, hitting every bump. From Baghdad, they flew me to Germany; from Germany, to Bethesda, Md., ICU and all that.

When I came to at one point, I saw my parents. I don't know how to describe it. They were just there. There's Mom and Dad sitting over me, hovering. They said I got shot by a .50-cal. I went, "Nah. That would rip your head off." The doctors said they didn't know if they could save me. They didn't know how to put me back together, because they'd never seen anyone shot by a .50-caliber. The hole in my back was huge. But whatever they did worked.

I was at Bethesda for five, six months, recuperating, getting all my surgeries, my therapy. Trying to get my feet and my toes working. From there they flew me to Good Samaritan (hospital in Phoenix) for therapy, learning how to walk again, dress myself, brush my teeth. Then they took me to Desert Samaritan (in Mesa) for outpatient therapy. And I still go to the VA hospital in Phoenix.

I need therapy for another six months. There's still operations to come. I've still got a colostomy bag and I have to cath every four to six hours in order to urinate. Those are the downsides. But all the doctors are amazed I'm walking. Or even alive. My heart stopped at one point, and they pronounced me dead. I had like 15 blood transfusions.

They told my mom I'd be in a hospital bed or a wheelchair for the rest of my life, and I've already proved them wrong. I'm too stubborn to just sit in a wheelchair and take it. That's not me. I do need it, though. I use it every day. I can use my cane to go to the restroom in my house or walk against the walls in order to get something. But it hurts.

I used to go out every night and hang out with friends. Oops, can't do that. Used to get in my vehicle and go drive somewhere. Can't do that.

My unit just got back from Iraq about two weeks ago. One of the guys, the one who saved me, is from AJ (Apache Junction), and I hung out with him. He was crying so much when he saw me.

